

REVIEWS

COMBINED TEXTBOOK OF OBSTETRICS AND GYNÆCOLOGY. Edited by Sir Dugald Baird, B.Sc., M.D., LL.D.(Hon.)Glas., D.P.H., F.R.C.O.G. Seventh Edition. (Pp. xii + 975; figs. 489, 105s.) Edinburgh and London: E. & S. Livingstone, 1962.

THE editor, in the preface to the seventh (1962) edition, records the death of the original 1923 editor, Professor Munro Kerr, and pays tribute to that outstanding master of midwifery whose work and teaching did so much to raise the standard of midwifery practice. A textbook which has gone through seven editions in thirty years, like good wine, needs no bush.

Under management of difficult labour routine antibiotics are advised in all cases where labour has lasted thirty-six hours, especially if the membranes have ruptured, but no hint is given that this routine should be preceded by search for the infecting organism.

If the outcome of labour has not become clear after twenty-four hours the circumstances should be reviewed. It is sometimes wise to make a vaginal examination under anaesthesia if there is any doubt about the cause of the delay or the prospects of its being overcome.

This attitude to delay in labour is altogether too passive. If labour has lasted fourteen hours without obviously having progressed well into the second stage, a complete review, including a careful vaginal examination, is imperative.

Breech with extended legs still appears to be regarded as unfavourable in spite of the work of Moore and Steptoe (1943), Stabler (1947) and Macafee (1956). The presence of extended legs is an advantage rather than a disadvantage as the risk of prolapse of the cord is diminished. In a large series of breech presentations delivered in the two large teaching hospitals in Belfast the average duration of labour both in primigravidae and multiparae delivered per vias naturales was exactly the same—eleven hours.

Surely it is time that we ceased to regard retention of the placenta for one hour, and a post-partum loss of twenty fluid ounces of blood as "normal." The acceptance of these out-dated conventions still leads to disaster in an appreciable number of cases.

The somewhat defeatist attitude of the section on thrombo-embolic disease is disappointing, whilst the statement that prophylaxis is unfortunately as unsatisfactory as treatment suggests that the writer is quite unconvinced by the emphasis laid on early diagnosis and prompt anti-coagulant therapy by, amongst others, Ullery (1954), Jeffcoate (1957), Parker et al (1957), Chalmers et al (1960), Stamm (1961). That the problem is important is shown by the rising maternal mortality shown by the Reports on Maternal Deaths in England and Wales (1952-54 and 1955-57) and Northern Ireland (1956-59) and the comments therein.

This reviewer found the chapter on the psychological aspects of midwifery and gynaecology one of the most interesting in the whole volume. What the writer has to say on good history taking should be studied carefully by all who practise obstetrics and gynaecology. In essence it insists "know thy patient," her outlook to life, marriage, child-bearing and motherhood, her relationship to her parents, especially her mother, to her husband and children, her relative maturity and freedom or otherwise from taboos, prohibitions and frustrations.

He has much helpful advice for obstetricians and midwives as to their approach to the patient in the consulting room and labour ward. It all comes down to our ability to obey, in practice, the command "do unto others," to bring interest and sincerity to our job, and to spend time in the doing of it. "The doctor who imagines that an impressive manner alone hoodwinks his patients is greatly deceived, as patients are connoisseurs in sincerity."

He has some pithy words on the subject of "Iatrogenic causes of Anxiety" which should be taken to heart by those who "run" our maternity hospitals.

To sum up, this chapter presents with great clarity and judgement, truths which this reviewer has only learnt painfully and partially after over forty years of practising and teaching midwifery and gynaecology. I commend it to all who contemplate taking up the speciality. It is a corrective to the error which haunts most of us, "knowledge comes, but wisdom lingers."

H. L. H. G.